AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Case of Uterine Polypus. By John V. P. Quackenbush, M. D., of Albany.

I was called to Miss ——, ætatis 39, June 4, 1843, and found her much exhausted by a severe hæmorrhage, which had existed for a number of days. She informed me that she had not enjoyed good health for two or three years, during portions of which time she had been under medical treatment; that every month she suffered much from excessive flooding, every successive turn of which rendered her still weaker; and that she had given up all hopes of ever getting well.

I made an examination per vaginam, and found the uterus in the following condition. The neck was entirely obliterated, as at the ninth month of pregnancy, and gave the same sensation to the touch, as when the membranes have been prematurely ruptured, and the head of the fœtus presses directly upon the walls of the uterus. The os uteri was dilated one inch in diameter, and upon inserting my finger, I discovered a hard tumour, which I pronounced to be a polypus, and much encouraged my patient by stating that I thought I would be enabled to remove it during the course of the summer. I endeavoured to suppress the hæmorrhage by means of astringents and injections, but did not effect much by my treatment. In the course of a few days, when the hæmorrhage had ceased, I prescribed 12 drops of the muriated tincture of iron, morning, noon and night, and the daily ablution of the parts with cold water. Under this treatment, my patient gained much. She became stronger, regained her appetite in a great measure, and was enabled to sleep well, which she had not been able to do for many months.

She continued to improve till August 20th, when she had another very severe attack of menorrhagia, accompanied with regular labour pains. I visited her, and on examination found that the polypus had descended from the uterus, and now occupied the vagina.

I decided upon operating, and not being able to obtain a suitable instrument at the time, I constructed one for myself, which has at least one recommendation, simplicity, and applied my ligature August 26th.

During the time the ligature was applied, the patient appeared to grow weaker daily, and I was compelled to support her strength by administering stimulants. On the sixth morning, September 1st, the ligature came away, and upon examination I found the polypus detached and lying loose in the vagina. In the evening a messenger came after me and wished me to visit my patient immediately, as she was much worse. I found her suffering severe pains, caused by the efforts of the vagina to relieve itself. The polypus was expelled during the evening: the patient fell asleep and slept soundly till morning, when she felt much refreshed, and appeared better than I had seen her for a month previous. Since that time she has

been gradually improving, and is now able to attend to her ordinary avocations.

The polypus, after being deprived of all the blood it contained, weighed ten ounces.

At the time I operated there was another tumour, of the size of a goose-egg, connected as I supposed with the left ovarium, which had existed for more than a year. During the last fifteen days, my patient has had a discharge from the vagina of a substance, which, from the description she gave of it, I considered to be pus. During the continuance of the discharge, the tumour has appeared gradually to diminish, and this morning, upon examination, I could not feel it, except when I pressed very hard indeed upon the walls of the abdomen.

Fig. 1.

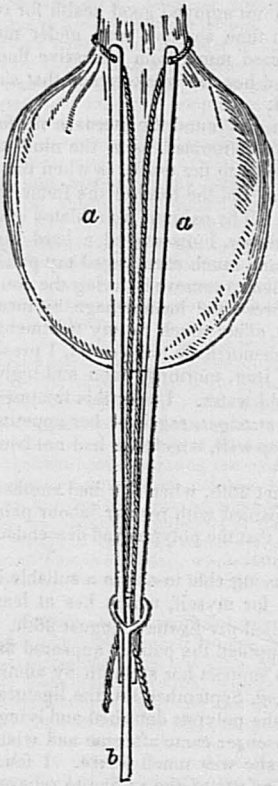
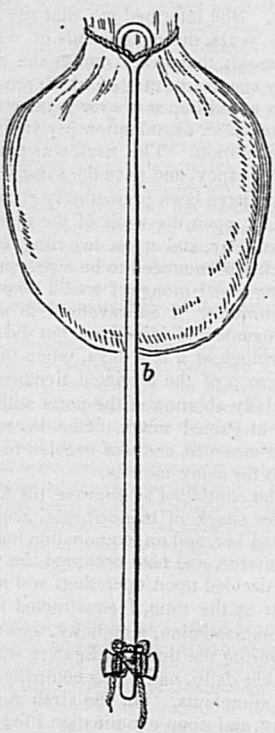


Fig. 2.



It does not now appear larger than a filbert.

Was the diminishing of the tumour in any manner connected with the discharge? What was the nature of the tumour, and where its situation? All three questions I will leave you to decide for yourself.

The instrument I used consists of three small rods, (*a*, *a*, *b*,) one-eighth of an inch in diameter, eight inches in length, and perfectly straight. Two of the rods (*a*, *a*) have each a small hole at one end, large enough to admit the ligature. The other rod (*b*) has a loop at one end, large enough to allow the first two rods to pass, and at the other end a shoulder, around which the ligature is to be fastened.

The instrument is to be applied in the following manner:—The two rods (*a a*) armed with the ligature, are placed side by side, and guided by the finger, are to be passed up the vagina along the polypus, till their upper ends reach that part of the stalk, round which the ligature is to be applied. Then the rods are to be separated and moved quite round the polypus, so that a portion of the ligature will encircle the stalk: now the loop of the third rod (*b*) is to be slipped over the other two, (see fig. 1,) by which means they are drawn together; which being effected, the two rods are to be withdrawn, and the ends of the ligature with them.

You now fasten the ligature around the shoulder of the rod (*b*), and leave nothing in the vagina but the simple rod, (see fig. 2.)

Such is the instrument I wish to introduce, and which, I think, possesses three advantages over the ones generally used.

1st. It is much more simple and easily constructed.

2d. It is much more readily applied, and

3d. It is much smaller, and will consequently cause much less irritation during its application.

A case of Imperforate Hymen. By William Shultice, M. D., of Mathews, Va.

On the 12th of October, 1843, I was called upon to visit Miss G., of this county, affected with the bilious remittent fever, which was prevailing at that time.

Miss G. is a young lady, ætat. 18 years, well grown for her age, and had enjoyed uninterrupted health until within the two years last past. Upon examination I found her afflicted with the bilious remittent fever of the season, for which I treated her in the usual manner.

Her mother informed me she had a "lump in her side" which she did not like, and which caused her much uneasiness, and desired me to examine it. I discovered upon examination a considerable tumour in the abdomen, reaching as high as the umbilicus. It presented the appearance of a female, about seven months advanced in pregnancy, and excited in my mind strong suspicion that she was pregnant.

I stated to her and her mother the necessity of an examination per vaginam before I could form an opinion as to the true nature of her disease. Her mother had informed me she had never menstruated. Upon making the examination, to my surprise, I discovered, that the os externum was completely closed by a dense, unyielding membrane, which presented an impenetrable barrier to the finger, and of course obstructed the passage of the catamenia, and caused necessarily the tumour in the abdomen.

I immediately informed her and her mother of the situation in which she was placed, and of the immediate necessity of an operation for her relief. At first the idea of such an operation was revolting to her feelings; but the necessity for its performance was so plain and indispensable, that she consented.

After a few days, when the fever with which she was affected had subsided, I performed the operation by placing her on the edge of the bed, in the position for the operation of lithotomy. Upon opening the labia externa a tumour presented itself, protruding externally as if pressed outwards, by a fluid internally. To the touch it appeared to yield. The hymen had closed the passage of the vagina, by a firm, dense, fleshy membrane, which extended from the perineum to the orifice of the urethra, and of course presented an obstruction to the passage of the catamenia.

With a large abscess lancet, I made a free incision, through the hymenial membrane, and there immediately ensued a gush of a dark, grumous fluid, of the colour and consistence of tar. It was not coagulated, neither did it emit any odour, but presented exactly the appearance described by Denman, in a similar case. As related by him, the only change the menstrual fluid appeared to have undergone, was a lessening of the more fluid parts by absorption.

The fluid continued to discharge until six pounds had passed, when the pulse becoming feeble and the patient exhausted, I enlarged the orifice by means of a probe-pointed bistoury, and placed a tent between the parts to prevent adhesion. She was then placed comfortably in bed, and some stimulants administered.

There continued to flow through the vagina, for several days, the same dark, grumous fluid, until from the information I received, at least two more pounds must have escaped, making in all eight pounds of menstrual fluid.

The health of this young lady had been for about two years affected by the obstruction which retained her menstrual secretions. She had been during that period, attacked monthly with pains in the back and lower part of the abdomen, which were ascribed to a want of the natural secretions. But neither she, nor her friends, had the most vague idea of the true nature of her situation. The tumour in the abdomen has entirely disappeared, and her general health is rapidly improving.

November, 1843.

The Sedative Powers of Ergot. By Quinton Gibbon, M. D., of Salem, N. J.

I am induced to offer for your consideration the following remarks upon a singular property possessed by the ergot—that of diminishing the frequency of the pulse—by a desire to see the truth of the subjoined facts either verified or disproved by further experiment.

Having occasion during the summer of 1841 to prescribe the ergot in a case of menorrhagia, I observed a manifest decrease in the frequency of the patient's pulse. Surprised at a result, which from my previous knowledge of the properties of the remedy I was unprepared to anticipate, I was induced to test by further experiment its reality.

With this view I gave on the 19th of June, 1841, sixteen grains of pulverized ergot in decoction to a healthy man 20 years of age, whose pulse at the time of exhibition was 64. He had maintained the sitting posture for an hour previous, and continued it during the experiment.

Results of experiment.—20 minutes after exhibition, pulse 58, moderate full; 30 min. aft. exhib. pulse 48, small; 45 min. aft. exhib. pulse 48; 60 min. aft. exhib. pulse 52; 75 do. pulse 55. The experiment was here con-

cluded, and the patient permitted to walk about—6 hours aft. exhibition, during which he took his dinner, his pulse stood at 60.

2d Experiment, June 20th.—The same individual, and sitting as before, took a scruple of ergot in a well-boiled decoction of two waters, pulse 60; 15 min. aft. exhib. pulse unchanged; 25 min. do. pulse 52, full and tense; 35 min. do. pulse 51; 45 min. do. pulse 51; one hour aft. exhib. p. 54; one hour and half aft. exhib. pulse 56.

3d Experiment, July 3d.—Gave the same with pulse at 64, a decoction of one drachm of ergot; 20 min. aft. exhib. pulse 52; 30 min. do. pulse 46, slight nausea; 40 min. do. pulse 45, nausea increased; 5 minutes after vomiting occurred, after which pulse rose to 60; one hour aft. exhib. pulse stood at 46, with slight nausea; 2 hours aft. exhib. pulse 50, no nausea.

4th Experiment, August 7th, 1842.—Took myself 10 grains of a watery extract, prepared by boiling ℥j of ergot in a pint of water, and evaporating to a consistency proper for pills. Pulse at the time of exhibition 70; 30 min. aft. exhib. pulse 60; one hour aft. exhib. still 60; one hour and a half aft. exhib. pulse 57; three hours do. pulse 60.

5th Experiment, July 29th, 1843.—Took 30 drops of the oil of ergot, prepared by digesting the powder in ether and evaporating the liquor. Pulse at exhib. 70; 30 min. aft. exhib. pulse 64; one hour aft. exhib. pulse 60; two hours do. pulse 56; three hours do. pulse still 56.

Not wishing to occupy further space by a detail of my other experiments, I would merely remark that their results were very similar to those already detailed—those in which the tincture was used being the least satisfactory. The oil did not appear to exert so great a control over the pulse as the ergot in substance.

The only work in which I recollect to have seen this sedative property of ergot noticed, is that of Collins's Midwifery, page 156, in which it is mentioned as being very striking in almost every case where administered during labour. I have frequently watched its operation upon the female system under similar circumstances, but have never witnessed such well marked effects, as are mentioned by that author. A decrease of four or five pulsations in the minute is as much as I have been able to discover. I have obtained the most satisfactory results from the operation of the agent upon the unimpregnated female and upon male subjects. It is but reasonable to suppose that the excitement of labour would materially interfere with the exercise of this peculiar sedative property.

Salem, N. J., Nov. 1843.

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Case of Derangement of Vision.—[The following very curious and interesting case of deranged vision, drawn up by the patient himself, has been communicated to us by our friend, Prof. S. Jackson.—Ed.]

My sight is obstructed by dark spots or clouds, some fixed, some descend vertically, while most of them whirl about in rapid vortices at every movement of the eye. They take all manner of shapes, so variant and fantastic that they cannot be accurately described by resemblances to any known objects—webs, clouds, rocks, lines, chains, balls; and I have sometimes mistaken them for flocks of birds passing across the field of vision. As soon as the sight is directed to an object, they begin slowly to descend, but boil up again at the first motion of the eye, then recommence their descent as before. They exist in such numbers, that I see as through

tattered cloth, only at intervals when they break and float away. Objects often appear double, always tremulous at first sight, and when they become steady, are soon overcast and indistinct.

The internal angle of the left eye is choaked up with permanent spots resembling clusters of grapes, and the external with a bar passing obliquely so as to obstruct the light in that direction. In the right eye, is an opaque spot nearly circular, that hovers about the pupil, so as partially to cover the page of a book, or the face of the person with whom I am speaking. The labour of seeing is mostly performed by one eye at a time, as it happens to be free from obstruction. When I attempt to read it often requires repeated efforts to fix the sight upon a letter or the beginning of a sentence, the lines appearing at first confused, as if deranged in setting the types.

It is less painful to write than to read, for the words being previously formed in the imagination flow easily from the pen; and so capricious is the disease, that I am sometimes unable to read the last sentence I had written.

In broad day, there is generally a tremulous light dancing in the external angles of both eyes, resembling rays of the sun refracted from undulating water. When the optic nerve is excited by wine or stimulating food, or even by emotions of the mind, both eyes are filled with bright spots, not unlike sparks struck from a flint, brilliant even in the face of the sun. Bright objects, as a candle, common fire, or a window with all its sashes and panes of glass, leave their impression upon the retina for some seconds after the eye is turned in another direction.

At night, these spectra put on quite a different appearance. Luminous concentric circles are produced by the motion of the eyes, and instead of dark spots, white mists pass over the area of vision, and roll away in masses like vapour brightened by the sun. At first they disturbed my sleep; but now that they have grown familiar I cease to regard them, unless when they put on some new and threatening appearance accompanied with pain.

There is no defect in the humours of the eye. The focus of vision was always at a proper distance, and has undergone no change except from increase of years. Objects are more distinct through magnifying glasses, but the eye is too sensible to endure the innovation without pain. I dare not look through a telescope, and never at the sun, unless obscured by clouds. I seldom fix the eye intensely upon any thing, it is even painful to watch the expression of the features of those with whom I converse. I have hence acquired the habit of looking as upon vacancy, as we sometimes seem to regard objects while the mind is abstracted towards other thoughts. Not an hour passes that I am not reminded of my infirmity by some inconvenience or actual pain, or a day that I do not feel its depressing influence upon the mind. I am never free from annoyance, whether in the street, parlour, public assemblies, or in addressing court or jury: there is always some radiant point that pierces to the nerve and distracts the attention. The pain, though not generally severe, always exists in degree, and is sometimes keenly felt quite to the back of the head. It increases at every effort of vision, beginning usually in the angle of the left eye, followed by a slight spasm in the lids, and a contraction of the orbit.

I have consulted but few physicians who seemed sufficiently acquainted

with the structure of the eye and laws of light, to form a just conception of my case. Their prescriptions were variant and sometimes contradictory. They administered the *belladonna*, applied leeches, blistered the eyelids and the top of the head, put setons in the leg and back of the neck, gave me drastric doses and put me on low diet. These applications have been several times repeated in the course of twenty years, but always without good effect. My constitution soon became a prey to this treatment, and the more destructive apprehension of blindness. Other medicine became necessary to heal the ravages of the first; so that in later years, my attention has been directed towards the restoration of health rather than the eyes, whose condition is altogether hopeless.

I employed readers during the two last years of my college life, while studying law, and throughout a long and laborious practice at the bar. They read the authorities and documents as occasion required, in the course of my argument to the court or jury: but the process was always imperfect, slow and irksome. It is not enough to retain the general nature of a cause in the memory; the books and papers are often referred to in rapid succession, and the law must be made to keep pace with the development of facts.

In early practice, I sought to conceal my infirmity, lest a knowledge of it might impair the confidence of clients. When they presented their papers for inspection, I generally contrived to withdraw, or to postpone the examination, until I could hear them read: and as there was no appearance of disease on the exterior coats of the eye, few persons beyond my own household knew of its existence.

Having been told that the symptoms were of an incipient *amaurosis*, I have lived in constant apprehension of blindness. At this period of life, I do not expect a cure, or even an amelioration of the disease; I can only hope, by proper precautions, to preserve the sight such as it is, which, nevertheless, is a blessing above all price.

DOMESTIC SUMMARY.

Epidemic Erysipelas, known by the popular name of "Black Tongue," which recently prevailed in Ripley and Dearborn Counties, Ia. Dr. George Sutton, of Aurora, Ia., has given, in our cotemporary, the *Western Lancet*, an interesting account of an epidemic erysipelas. We copy the main particulars, which are important, especially in connection with the valuable account of a similar epidemic given in the original department of this number.

"This disease," Dr. Sutton states, "commenced in the latter part of November last, in Ripley county, near Ripley creek, three miles east of Napoleon, and gradually extended in a south-easterly direction over a section of country, lying between Laughery and Tanner's creeks, varying from ten to fifteen miles in width, and about thirty in length, traversing the townships of Delaware, Laughery and Adams in Ripley county, and Manchester, Sparta, Laughery, Centre, and part of Union, in Dearborn county, and a few cases occurred opposite Aurora, in Boone county, Ky. It is something remarkable that it did not spread towards the west, as few, if any cases, occurred down as far west as Napoleon.

"I have been informed, however, that near Greensburgh, and St. Omer, and also in Bartholomew county, epidemics have prevailed of a similar character, during the winter and spring. Before the disease had made its appearance in our neighbourhood, and while it was gradually progressing towards us, we daily